

St. Jude Catholic Church
Building Hope & Community for Generations
PLEDGE FORM

DONOR INFORMATION

Individual Donor _____ Spouse _____
Title First M.I. Last Title First M.I. Last

Corporate/Organization Donor _____

Contact Name _____

Address _____

City/State/Zip _____

Home Phone _____ E-mail address _____

Mobile Phone _____ E-mail address _____

GIFT INFORMATION Total Pledged: \$ _____ Total Enclosed: \$ _____

I/we wish to be recognized/acknowledged as _____

I/we wish to remain anonymous in publications on the web on donor recognition walls all

I/we make this pledge in honor of in memory of _____

PAYMENT INFORMATION

I/we would like to pay (Annually / Semi-Annually / Quarterly / Monthly)

Pledge Start Date: ____/____/____ Pledge Fulfillment Date: ____/____/____ No later than 12/31/20

PAYMENT METHOD Please select **one** payment method

Check Payable to "St. Jude Capital Campaign" Check Enclosed: Yes: Check # _____ No

Gift of Stock Stock Name(s) _____ # of Shares _____

Please email Father Khanh for instructions khoang@rcchawaii.org

Automatic Payment via Electronic Funds Transfer Preferred – please enclose a voided check

Pledge payment each period: \$ _____

Credit Card Please note that St. Jude will be charged 2.75% per credit card transaction

Visa MasterCard Pledge payment each period: \$ _____

Name on Card _____ Credit Card # _____ Exp. Date ____/____/____

Please select **one** preferred transaction day for automatic payments: 5th 15th 20th 30th

Other Please contact Parish Office for guidance and instructions (808) 672-8669]

Donor Signature _____ Date ____/____/____

For St. Jude Campaign Office: Received _____ By: _____ Parish ID # _____

Volunteer(s): _____

For HCCF Office: Received _____ By: _____ Dio ID # _____

Notes: _____